

file copy

AUTHORIZATION TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize Mary Beth Cahill, Director of Gubernatorial Personnel, an authorized representative of Governor Michael S. Dukakis bearing this release, or copy thereof, within ninety (90) days of this date, to obtain any information in your files pertaining to my employment, military, credit, or educational records, including, history, criminal records, disciplinary records, and credit records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Governor of Massachusetts. I hereby release you, as the custodian of such records, and any school, college, university, or other educational institution, credit bureau, lending institution, consumer reporting agency, or retail business establishment, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any questions as to the validity of this release, you may contact Mary Beth Cahill at 727-5787.

PLEASE NOTE: This information is held strictly confidential and is used for employment purposes only.

DATE 2/14/90

FULL NAME: Elisabeth Lee Briggs  
(signature)

For what position or Board are you applying? And in what agency?

FULL NAME: ELISABETH LEE BRIGGS  
(printed)

Analyst MCOC (Drug Lab)

Please list any other names by which you may have been previously known (i.e. Maiden Name:)

Reappointment YES ☐ NO ☐

CURRENT ADDRESS:

DATE OF BIRTH:

SOCIAL SECURITY

PHONE:  (home)

(617) 562-3700 x161 (work)